

**GROUND SAFETY AND OCCUPATIONAL HEALTH PROGRAM  
3 D MAW COMBINED FLASH REPORT**

UNIT SENDER \_\_\_\_\_ SQDN \_\_\_\_\_ EXT \_\_\_\_\_  
GRP RCVR/SENDER: \_\_\_\_\_ GROUP \_\_\_\_\_ TIME/DATE: \_\_\_\_\_  
WING RECIEVER: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_

**AIRCRAFT INCIDENT**

☐ AIRBORNE EMERG    ☐ FLIGHT RELATED  
☐ NEAR MID-AIR    ☐ FLIGHT MISHAP  
☐ BIRDSTRIKE    ☐ F. O. D.  
☐ T.F.O.A.    ☐ GROUND EMERG  
☐ ACFT GRND MISHAP    ☐ OTHER  
☐ FUEL SPILL

**GROUND INCIDENT**

☐ INDUSTRIAL    ☐ GMV ☐ PMV ☐ MC  
☐ MIL TRNG  
☐ ASSULT/SUICIDE/OTHER  
☐ SPORTS/RECREA  
☐ ALL OTHER ON DUTY  
☐ ALL OTHER OFF DUTY

TIME/DATE OF INCIDENT: \_\_\_\_\_ GENERAL LOCATION: \_\_\_\_\_

**(ENTRY REQD)**

**GMV/PMV**

**MC**

**PERSONNEL DATA:**

LAST NAME	INITIAL(S)	AGE	RANK	UNIT	DRIVER	SEAT	HELMET	ALL
						BELT		PPE
1) _____								
2) _____								
3) _____								
4) _____								

**DRIVER INFORMATION:** (MANDATORY FOR ALL MOTOR VEHICLE ACCIDENTS)

DUI	DRIVER	MOTORCYCLE	CIV DRV LIC	GOVT DRV LIC	MOS
%ALCOHOL	IMPROV	SAF COURSE	ISSUE DATE	ISSUE DATE	

**SUMMARY:**

(CONTINUED ON BACK)

PERSONNEL INJURY: ☐ NONE ☐ MINOR ☐ MODERATE ☐ MAJOR ☐ DEATH ☐ UNKNOWN  
EXTENT: \_\_\_\_\_

AIRCRAFT MODEL: \_\_\_\_\_ BUNO: \_\_\_\_\_

DAMAGE: \_\_\_\_\_

EQUIPMENT: DOD \_\_\_\_\_ NON DOD \_\_\_\_\_

DAMAGE: \_\_\_\_\_

NOTIFY/ CG/CO ☐ G/S-1 ☐ G/S-2 ☐ G/S-3 ☐ SGTMAJ ☐ ALD/AMO ☐ JPAO ☐  
COPY TO: ADJ ☐ SJA ☐ DOSS ☐ ASO ☐ GSM ☐ NATOPS ☐ MEDOFF ☐ CHAPLAIN ☐  
ORD ☐ OPS CHF ☐ G/S-4 ☐ HAO ☐

ACTION: G-3 FOR SIR/OPREP-3 ☐ YES ☐ NO  
G-1 (ADJ) FOR CASREP ☐ YES ☐ NO  
UNIT SAFETY FOR SMR ☐ YES ☐ NO

**GRD MISHAP LOG#** \_\_\_\_\_

SEND PRINT

# GROUND SAFETY AND OCCUPATIONAL HEALTH PROGRAM

## 3 D MAW COMBINED FLASH REPORT

FOLLOW-UP (CAUSE FACTORS)

COMMENTS/RECOMMENDATIONS

THINGS FALLING OFF AIRCRAFT (TFOA)

AIRCREW DATE OF BIRTH AND SSN:

1) PILOT \_\_\_\_\_ / \_\_\_\_\_

2) CO-PILOT \_\_\_\_\_ / \_\_\_\_\_

3) CREWCHIEF \_\_\_\_\_ / \_\_\_\_\_

DESCRIPTION OF OBJECT:

A) HEIGHT: \_\_\_\_\_ IN

B) LENGTH: \_\_\_\_\_ IN

C) THICKNESS: \_\_\_\_\_ IN

D) WEIGHT: \_\_\_\_\_ LBS/OZ

E) WHAT AREA OF THE AIRCRAFT DID THE OBJECT FALL OFF OF? \_\_\_\_\_

TFOA REPORT MUST BE CALLED IN TO THE WING DOSS WITHIN 5 MINUTES OF NOTIFICATION OF LOSS. DURING NORMAL WORKING HOURS (0730-1630) EXT: 7309/6; AFTER WORKING HOURS REPORTS WILL BE CALLED IN TO THE WING DUTY OFFICER AT EXT: 9517.